

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl #1
SAPC 25832
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				450.	34
Total						450.	34

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____

to _____

Weight _____

Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

STATINTL

(Sign original only)

Date 3/21/58

*Payee

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials)

Per _____

Title _____

Contract No. A-101

Date _____

Req. No. _____

Date _____

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____ (Sign original only)

* When a voucher is signed or recorded in the name of a company or corporation, the name of the person writing the company, or the name of the person, as the case may be, must be written in the space provided. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2054
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System IV					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the Week Ending 3/9/58					
		Labor for Week Ending 3/9/58					
		Overhead for Control Systems Division computed at interim rate of [REDACTED]					
		Total Labor and Overhead					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					

STATINTL

STATINTL

STATINTL

\$ 450.34